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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 10	TOTAL CLAIMS 8 44 NP	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>/Nihir Patel/</u> <u>NP</u> Examiner's Signature Initials				

**ADDRESS**

24239

**TITLE**

ORIENTATION-INDEPENDENT THERMOSYPHON HEAT SPREADER

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